

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/07500	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							61				
2							62				
3							63				
4							64				
5							65				
6							66				
7							67				
8							68				
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36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	0						TOTAL IND.				
TOTAL DEP.	14						TOTAL DEP.				
TOTAL CLAIMS	14						TOTAL CLAIMS				